

020494500

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

() Original () Supplemental () Substitute (x) PCT

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: Infectious clones of RNA viruses and vaccines and diagnostic assays

derived thereof

which is described and claimed in:

() the attached specification, or

(x) the specification in the application Serial No. 09/297,535 filed _____;
and with amendments through _____ (if applicable),

(x) the specification in International Application No. PCT/NL97/00593, filed
29 October 1997, and as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| COUNTRY | APPLICATION NO. | DATE OF FILING | PRIORITY CLAIMED |
|---------|-----------------|-----------------|------------------|
| BP | 96203024.3 | 30 October 1996 | (x) YES () NO |
| | | | () YES () NO |
| | | | () YES () NO |
| | | | () YES () NO |
| | | | () YES () NO |
| | | | () YES () NO |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

SERIAL NO.

U.S. FILING DATE

STATUS

| | | |
|--|--|--|
| | | () Patented () Pending () Abandoned |
| | | () Patented () Pending () Abandoned |
| | | () Patented () Pending () Abandoned |

I hereby appoint the following Registered Practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: P.T.O.

David V. Trask, Reg. No. 22,012
Laurence B. Bond, Reg. No. 30,549
Allen C. Turner, Reg. No. 33,041
Edgar R. Cataxinos, Reg. No. 39,931
Samuel E. Webb, Reg. No. P-44,394
Thomas J. Rossa, Reg. No. 26,799
Robert G. Winkle, Reg. No. 37,474

William S. Britt, Reg. No. 20,969
Joseph A. Walkowski, Reg. No. 28,765
Kent S. Burningham, Reg. No. 30,453
Brick G. Power, Reg. No. 38,581
Eleanor V. Goodall, Reg. No. 35,162
James R. Duzan, Reg. no. 18,393
Kenneth C. Booth, Reg. No. 42,342

Address all correspondence to: Laurence B. Bond, telephone no. (801) 532-1922
TRASK, BRITT & ROSSA
P.O. Box 2550
Salt Lake City, Utah, 84110

| | | | |
|---------------------------|-------------------------------|-------------------------------------|--|
| FULL NAME OF 1ST INVENTOR | Meulenbergy | Johanna | Jacoba, Maria |
| RESIDENCE & CITIZENSHIP | CITY Amsterdam | STATE OR COUNTRY the Netherlands | COUNTRY OF CITIZENSHIP the Netherlands |
| POST OFFICE ADDRESS | ADDRESS Laagte Kadijk 17B | CITY Amsterdam | STATE OR COUNTRY the Netherlands ZIP CODE 1018 BB |
| FULL NAME OF 2ND INVENTOR | FAMILY NAME Pol | FIRST GIVEN NAME Johannes | SECOND GIVEN NAME Maria, Antonius |
| RESIDENCE & CITIZENSHIP | CITY Lelystad | STATE OR COUNTRY the Netherlands | COUNTRY OF CITIZENSHIP the Netherlands |
| POST OFFICE ADDRESS | ADDRESS Jol 30-05 | CITY Lelystad | STATE OR COUNTRY the Netherlands ZIP CODE 8243 HA |
| FULL NAME OF 3RD INVENTOR | FAMILY NAME Bos-de Ruijter | FIRST GIVEN NAME Judy | SECOND GIVEN NAME Norma, Aletta |
| RESIDENCE & CITIZENSHIP | CITY Almere-Buiten | STATE OR COUNTRY the Netherlands | COUNTRY OF CITIZENSHIP the Netherlands |
| POST OFFICE ADDRESS | ADDRESS Pymient hof 45 | CITY Almere-Buiten | STATE OR COUNTRY the Netherlands ZIP CODE 1339 HD |
| FULL NAME OF 4TH INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| RESIDENCE & CITIZENSHIP | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| FULL NAME OF 5TH INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| RESIDENCE & CITIZENSHIP | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| FULL NAME OF 6TH INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| RESIDENCE & CITIZENSHIP | CITY | STATE OR COUNTRY | COUNTRY OF CITIZENSHIP |
| POST OFFICE ADDRESS | ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |

I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor J.M. Meulenbergy Date 7 September 1999

2nd Inventor J.M.A. Pol Date 7 September 1999

3rd Inventor J.N.A. Bos-de Ruijter Date 7 September 1999

4th Inventor _____ Date _____

5th Inventor _____ Date _____

6th Inventor _____ Date _____